

State of California

Health and Human Services Agency

**COMBINED STATEMENT OF FINANCIAL CONDITION
And
INCOME AND EXPENSE DECLARATION
(Administrative Hearing, Section 706.051, Code of Civil Procedure)**

I. TAX DEBTOR

Name (first)	(middle)	(last)	Date of Birth (mo., day, year)	Social Security Number
Address (number and street)			Driver's License Number	Telephone Number (home)
(City, Town or Post Office)	(County)	(State)	(Zip Code)	Telephone Number (work)
Spouse's Name (first)	(middle)	(last)	Date of Birth (mo., day, year)	Social Security Number
Spouse's Employer (If self-employed, list here)				Spouse's Driver's License Number
Address (Number and Street) (City, Town, or Post Office) (County) (State)			(Zip Code)	Telephone Number
Nearest Living Relative Not Residing in Household				Relationship
Address (Number and Street) (City, Town, or Post Office) (County) (State)			(Zip Code)	Telephone Number

II. REPRESENTATIVE OF TAX DEBTOR (Complete this section if Tax Debtor's representative appears).

Name (If represented by a legal counsel give name of firm and individual).

Address (Number and Street) (City, Town, or Post Office) (County) (State)	(Zip Code)	Telephone Number
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III. TAX DEBTOR INCOME AND EXPENSE DECLARATION

A. An order assigning salary and wages for support is now in effect as to my earnings. The amount payable under that order is: \$ _____
(A copy of that order is attached)

B. I need the following earnings to support myself and my family:
☐ All earnings ☐ \$ _____ each pay period.

C. I am willing for the following amount to be withheld from my earnings during the withholding period. I understand that the Employment Development Department can accept this offer which will result in the following sum being withheld each pay period.
☐ None ☐ Withhold \$ _____ each pay period.

I am paid: ☐ Weekly ☐ Twice a month

☐ Daily ☐ Every two weeks ☐ Monthly

My Gross Pay is:

\$ _____

My Net Pay is:

\$ _____

D. The following persons depend, in whole or in part, on me for support:

NAME	AGE	RELATIONSHIP TO ME	OTHER MONTHLY INCOME	SOURCE

E. The earnings of persons listed in Item IV.D. are now subject to wage assignments and earnings withholding orders as follows (specify)

GROSS MONTHLY INCOME			DEDUCTIONS FROM GROSS MONTHLY INCOME	
Earnings (Include commissions, bonuses and Overtime.) -----	\$		State Income Taxes -----	\$
Pensions and Retirement -----			Federal Income Taxes -----	
Social Security -----			Property Taxes (Not included in house payment)-----	
Disability and/or Unemployment Insurance -----			Social Security (OASDI) -----	
Public Assistance (Welfare, AFDC Payments, etc.)-----			State Disability Insurance -----	
Child and/or Spousal Support -----			Medical and Other Insurance -----	
Dividends and Interest -----			Union and Other Dues -----	
Rents (Gross receipts, less cash expenditures – Attach statement.) -----			Retirement and Pension Fund -----	
Contributions to Household Expenses from Other Sources -----			TOTAL REQUIRED DEDUCTIONS -----	\$
Income from Business or Profession-----			OTHER DEDUCTIONS FROM INCOME	
Income from Partnership -----			Savings Plan -----	
Income from Annuity -----			Other (Itemize)	
Income from Estate or Trust -----				
Other Income (Itemize)				
			GROSS MONTHLY INCOME -----	
			LESS DEDUCTIONS FROM INCOME -----	
			NET PERSONAL INCOME -----	\$
			LESS MONTHLY EXPENSES (Page 3) -----	
TOTAL -----	\$		TOTAL -----	\$

F. Withholding Information – Tax Debtor

Self _____ Spouse _____ Filing Status (shown on Income Tax Return) _____

IV. STATEMENT OF FINANCIAL CONDITION

A. ASSETS			LIABILITIES		
Cash -----	\$		Rent -----	\$	
Real Estate-----			Food -----		
Furniture and Fixtures -----			Clothing -----		
Machinery and Equipment -----			Utilities -----		
Motor Vehicles, Airplanes, or Boats -----			Auto Payments -----		
Securities, Bonds or Savings Bonds -----			Auto Expenses (Gas, oil, insurance, etc.) -----		
Cash Surrender Value of Life Insurance			Installment Payments (Itemize on Separate sheet, if necessary) -----		
Accounts Receivable and/or Notes Receivable -----			Child Support and/or Spousal Support -----		
Merchandise Inventory -----			Life Insurance Premiums -----		
Other Assets (Itemize)			Medical Expenses -----		
			Miscellaneous (Child care, laundry, School, etc.) -----		
TOTAL ASSETS -----	\$		TOTAL LIABILITIES -----		

B. I have accounts in the following bank(s), credit union(s), or financial institution(s)

Name of Bank, Credit Union, or Financial Institution	Address

C. I rent a safety deposit box. ☐ No ☐ Yes Box is rented in ☐ My name ☐ Another name

Name of Boxholder	Name of Bank	Address of Bank

D. Description of Real Estate (e.g., house and lot, Sacramento County):

Description of Real Estate (e.g., house and lot, Sacramento County):	Fair Market Value		Balance Due	
	\$		\$	
TOTAL -----	\$		\$	

E. I have filed a Declaration of Homestead for Real Property.☐ No☐ Yes

F. Description of Motor Vehicles, Airplanes or Boats		Fair Market Value		Balance Due	
		\$		\$	
TOTAL -----		\$		\$	

G. Securities, Stocks, Bonds, and Savings Bonds		Number of Units	Fair Market Value		Balance Due	
			\$		\$	

Name of Stockbroker	Address
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H. Description of Furniture and Fixtures, Machinery and Equipment		Fair Market Value		Balance Due	
Furniture (Household)-----		\$		\$	
Furniture /Fixtures (Business) -----					
Machinery -----					
Equipment (Other than motor vehicles) -----					
Miscellaneous -----					
TOTAL -----		\$		\$	

I. Life Insurance Policies Now in Effect							
Policy No.	Name of Company	Policy Amount	Cash Surrender Value		Balance Due on Loan		Right to Change Beneficiary
							Yes No
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		

J. Accounts or Notes Receivable		Fair Market Value		Balance Due	
Name	Address				
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

If you have any Life Interest or Remainder Interest, either vested or contingent, in any trust or estate, or are a beneficiary of any trust, complete the following information, and furnish a copy of the instrument creating the trust or estate.

If you are the grantor or donor for any trust, or the trustee or fiduciary for any trust, complete the following information, and furnish a copy of the instrument creating the trust.

If you have any other assets, or interests in assets, actual or contingent, other than those listed herein, describe fully:

[illegible]

DECLARATION

Signed on _____ at _____ California.
(Date) (City) (County)

DE 9406 Rev. 1 (5-99) (INTERNET)